NORTH CAROLINA CANCER REGISTRY

ANNUAL REPORT

1972

PARTICIPATING CANCER PROGRAMS

CABARRUS MEMORIAL HOSPITAL	1	MOORE MEMORIAL HOSPITAL	13
CAPE FEAR VALLEY HOSPITAL	2	NEW HANOVER MEMORIAL HOSPITAL	14
CARTERET GENERAL HOSPITAL	3	N. C. BAPTIST HOSPITAL	15
CATAWBA MEMORIAL HOSPITAL	4	N. C. MEMORIAL HOSPITAL	16
CHARLOTTE MEMORIAL HOSPITAL	5	ONSLOW MEMORIAL HOSPITAL	17
CLEVELAND MEMORIAL HOSPITAL	6	PITT COUNTY MEMORIAL HOSPITAL	18
CRAVEN COUNTY MEMORIAL HOSPITAL	7	SOUTHEASTERN GENERAL HOSPITAL	19
DUKE HOSPITAL	8	VALDESE GENERAL HOSPITAL	20
FORSYTH MEMORIAL HOSPITAL	9	VETERANS ADMINISTRATION HOSPITAL	21
GRACE HOSPITAL	10	WAKE COUNTY MEMORIAL HOSPITAL	22
HIGHSMITH-RAINEY HOSPITAL	11	WATTS HOSPITAL	23
MEMORIAL MISSION HOSPITAL	12		

NORTH CAROLINA CANCER REGISTRY
ANNUAL REPORT
1972

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BRENDA CRAIG - SECRETARY

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH SERVICES

CHRONIC DISEASE BRANCH
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CANCER REGISTRY ABSTRACT
Division of Health Services
P.O. Box 2091, Raleigh, N. C. 27602

PATIENT

NAME: (Last) (First) (Middle) (Maiden) | Social Security Number

ADDRESS: (Street No./RFD) (City) (County) (State) | Hospital File Number

PLACE OF BIRTH: (County) (State) | DATE OF BIRTH: (Month) (Day) (Year) | Name of Hospital

AGE: | RACE: ☐ 1-white ☐ 3-Indian ☐ 2-Negro ☐ 4-other | SEX: ☐ 1-male ☐ 2-female | STATUS OF MENOPAUSE: ☐ 1-premenopause ☐ 2-postmenopause

EDUCATION: (circle highest grade completed) elementary 0 1 2 3 4 5 6 7 8 | high school 1 2 3 4 | college 1 2 3 4 or 5+

DATE OF ADMISSION: (Month) (Day) (Year) | DATE OF DISCHARGE: (Month) (Day) (Year)

HISTORY

HOW LONG HAS PATIENT HAD THESE SYMPTOMS: no. of months _____ ☐ no symptoms ☐ unknown

WAS THIS CANCER POSITIVELY DIAGNOSED BEFORE THIS ADMISSION: ☐ 0-No ☐ 1-Yes If Yes, specify where and date

HAS PATIENT BEEN PREVIOUSLY TREATED FOR THIS CANCER: ☐ 0-No ☐ 1-Yes If Yes, specify where and date

DIAGNOSIS

DIAGNOSIS ON DISCHARGE: | Date of Initial Diagn | Diagnosis Code(IC

STAGE OF DISEASE: ☐ 1-in situ ☐ 2-locally invasive ☐ 3-regional nodes ☐ 4-remote metastasis ☐ 5-diffuse disease

BASIS OF DIAGNOSIS: ☐ 1-gross autopsy ☐ 2-histology ☐ 3-cytology ☐ 4-X ray ☐ 5-clinical & other

HISTOLOGICAL DIAGNOSIS: | Histology Code (AI

EXFOLIATIVE CYTOLOGY: | Cytology Code

COURSE OF TREATMENT

DATE	TREATMENT, DESCRIBE:	DATE	
	☐ Surgery (All procedures, including biopsy)		☐ Chemotherapy
			☐ Steroid/Hormone
	☐ Pre-Operative Radiation		☐ Other
	☐ Post-Operative Radiation		☐ No Treatment (specify reason)
			☐ Patient Refused

CONDITION ON DISCHARGE

PATIENT ALIVE: ☐ 1-no evidence of cancer ☐ 2-not free of cancer

PATIENT DEAD: ☐ 5-initial cancer ☐ 6-other, cancer present ☐ 7-other, free of cancer

IF DEAD, DATE: (Month) (Day) (Year)

AUTOPSY ☐ 0-no ☐ 1-yes ☐ 9-unknown

Name of person submitting report | Name of attending physician | Date of report

Form 1-01
DHS Form 1064 Rev. 3/71
Chronic Disease

HISTORY, GOAL, AND FUNCTIONS OF THE CANCER REGISTRY

In 1973 the North Carolina Cancer Registry entered into its fifth year of existence. Currently, there are over 22,000 cases which have been accessed to the Cancer Registry from the 23 participating local hospital cancer registries.

The goal of the Cancer Registry is to assist its participating hospitals in developing cancer programs which will effectively utilize the cancer patient statistical data as a part of a continuing education program for the medical and paramedical personnel who care for cancer patients. Implementation of local cancer registries is one step toward the development of a strong cancer program. The Cancer Registry assists in this development by offering expert advice to local hospital personnel on the record systems and the abstracting and coding knowledge needed to support an effective local cancer registry. Local hospital registries are autonomous except that common abstract and yearly follow-up report forms are submitted to the Cancer Registry.

In addition to the publication of the Annual Report and other selected data, the Registry sponsors a yearly Cancer Registry Symposium. Liaison physicians and cancer registrars from all the local cancer registries in North Carolina are invited to attend. During the 1972 Symposium experts were invited to speak on specific cancer sites, panel discussions at which participants reviewed the cancer programs at their hospitals were presented, and an abstracting and follow-up workshop was held. Each year the format of the Symposium varies. The format is planned based on input from the local cancer registrars and liaison physicians.

The Cancer Registry lists as one of its priorities the prompt production of any special request from participating hospitals for cancer patient data. Requests from individual hospitals to the Cancer Registry are for data on the individual hospital's cancer experience or comparing that hospital to others of the same size in the state or a comparison to the state as a whole. Members of the Executive Committee to the Registry also participate in a speakers' bureau whose services can be requested by participating cancer registry hospitals or those interested in becoming participants.

This year the 1972 Annual Report is composed of three sections. The first section is an analysis of the leading primary sites reported to the North Carolina Cancer Registry. The second section contains a yearly table and a cumulative table showing the total registry experience. The third section, which is available to participating hospitals only, is composed of yearly and cumulative individual hospital tables.

Two Committees exist to provide the staff of the North Carolina Cancer Registry with expert advice and guidance.

A five member Executive Committee provides medical and statistical consultation on the Cancer experience in North Carolina. A larger Advisory Committee is composed of the liaison physician from each of the participating local hospital cancer registries. Input from this Committee enables the Cancer Registry to be more responsive to local needs.

EXECUTIVE COMMITTEE

Joseph A. Buckwalter, M.D., Chairman
John A. Brabson, M.D.
Gary G. Koch, Ph.D.
James F. Newsome, M.D.
William M. O'Fallon, Ph.D.
Charles L. Spurr, M.D.

ADVISORY COMMITTEE (LIAISON PHYSICIANS) AND LOCAL CANCER REGISTRARS

Cabarrus Memorial Hospital
J. O. Williams, M.D.
Mrs. June Panzer

Carteret General Hospital
Charles P. Nicholson, M.D.
Mrs. Joyce Collins

Catawba Memorial Hospital
Thomas W. Brooks, M.D.
Mrs. Brenda Martin

Charlotte Memorial Hospital
Harold Hamit, M.D.
Mrs. Ruth Boaz

Cleveland Memorial Hospital
Avery McMurry, M.D.
Mrs. Mary Frances Elliott

Craven County Hospital
James N. Blackerby, M.D.
Mrs. Doris Garner

Cumberland County Hospital Authority
Charles Wells, M.D.
Mrs. Betty Lou Whitman

Duke Hospital
Saleh A. Fetouh, M.D.
Mrs. Lou Woods

Edgecombe General Hospital
James M. Kelsh, M.D.
Mrs. Linda Ward

Forsyth Memorial Hospital
Thomas N. Lide, M.D.
Mrs. Wanda Manuel

Grace Hospital, Inc.
John Giles, M.D.
Mrs. Nelma Kennedy

Memorial Mission Hospital
Harry H. Summerlin, Jr., M.D.
Mrs. Ellita Ward

Moore Memorial Hospital
Charles A. Phillips, M.D.
Miss Carol Thrower

New Hanover Memorial Hospital
Lockert Mason, M.D.
Mrs. Katherine Watts

N. C. Baptist Hospital
Charles L. Spurr, M.D.
Mrs. Brenda Hippert

N. C. Memorial Hospital
James F. Newsome, M.D.
Miss Jean Weaver

Onslow Memorial Hospital
Charles Streeter, M.D.
Mrs. Del Murphy

Pitt County Memorial Hospital
Howard Gradis, M.D.
Mrs. Pattye Brown

Southeastern General Hospital
Bob B. Andrews, M.D.
Mrs. Betty Hall

Valdese General Hospital
E. R. White, M.D.
Mrs. Sarah Hedrick

V. A. Hospital
R. W. Postlethwait, M.D.
Mrs. Betty Howell

Wake County Memorial Hospital
Laurin J. Kaasa, M.D.
Mrs. Margaret Pipkin

Watts Hospital
James Davis, M.D.
Mrs. Blanche Sellars

SECTION I

LEADING PRIMARY SITES

INTRODUCTION TO THE NORTH CAROLINA CANCER REGISTRY REPORT ON LEADING PRIMARY SITES 1968 - 1972

On the following pages the North Carolina Cancer Registry gives an overview of the leading primary sites reported during the years 1968-1972.

Presented first are the twelve leading primary sites accumulated in the Registry from its beginning in 1968 through 1972 and a comparison with the twelve leading primary sites in 1972.

Next the North Carolina Cancer Registry reports on five selected primary sites which represent those sites most frequently reported in North Carolina. The discussions accompanying the graphs on each of these primary sites were written by Joseph A. Buckwalter, M.D., Chairman of the Executive Committee to the North Carolina Cancer Registry.

In each primary site discussion there are comparisons made with data from the National Cancer Institute's End Results in Cancer, Report No. 4 which is a compilation of data collected by six hospital registries and three statewide registries (1). When evaluating the differences between North Carolina data and End Results data the following points should be kept in mind.

1. North Carolina Cancer Registry data came from 23 North Carolina Hospitals and the End Results data from more than 100 hospitals located in nine states. End Results cases were accessed from 1955 thru 1964 and North Carolina cases beginning in 1968.

2. Differences in criteria used in case abstracting, staging and classification of treatment affect the findings and therefore may be responsible for some of the differences in these findings.

3. All End Results patients were white while the North Carolina patients were multiracial, chiefly white and black.

4. The same method was used to compute relative survival of North Carolina and End Results patients (2, 3, 4).

Requests for more specific data relating to the following site presentations or for comparable data on other primary sites are encouraged.

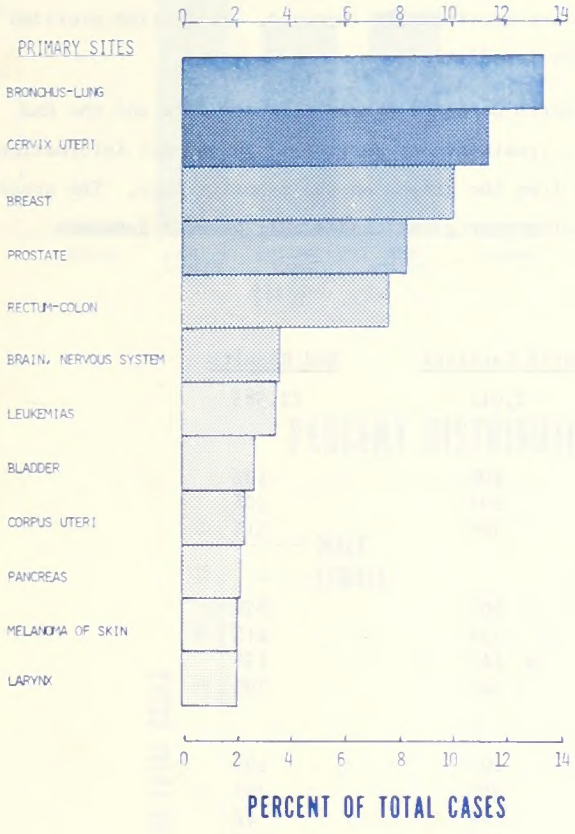
TWELVE LEADING PRIMARY SITES IN THE NORTH CAROLINA CANCER REGISTRY

The graphs on the opposite page depict the twelve leading primary sites of cancer reported to the North Carolina Cancer Registry from 1968 through 1972 and the twelve leading sites reported for 1972 alone.

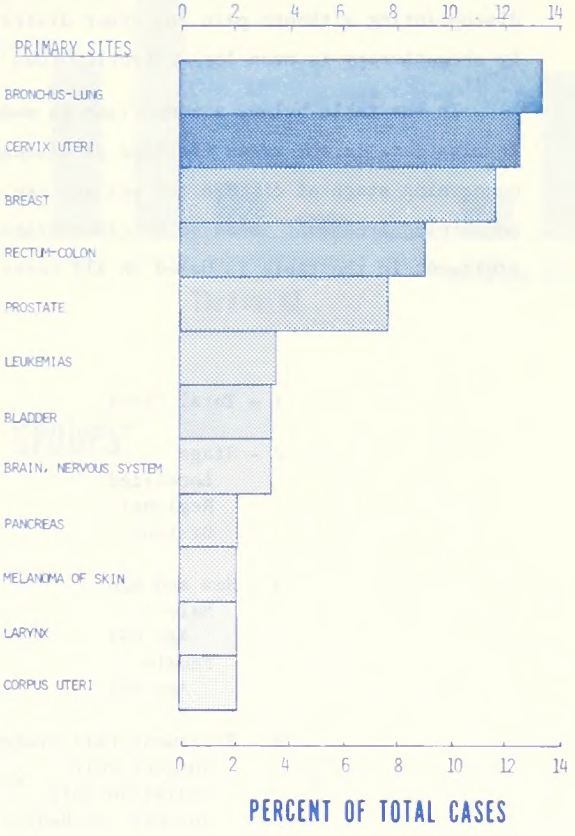
The five leading primary sites for the five-year period, 1968 through 1972, were Bronchus-Lung, Cervix Uteri, Breast, Prostate and Rectum-Colon. The percentages that each of these sites comprises of the total North Carolina cases range from 13.2% for the Bronchus-Lung to 7.7% for the Rectum-Colon. The North Carolina statistics may be compared to statistics from the National Cancer Institute's Preliminary Report, Third National Cancer Survey, 1969 Incidence (5). This survey compiled cancer data reported from ten selected areas in the United States. The five leading sites, in order, from the national survey were the Rectum-Colon, Breast, Bronchus-Lung, Cervix Uteri and Prostate with percentage of total cases ranging from 14% to 7.4%. When comparing North Carolina Cancer Registry figures to those of the Third National Cancer Survey, it is important to note that the figures have not been adjusted to compensate for population differences between the national sampling areas and North Carolina.

LEADING PRIMARY SITES REPORTED TO NORTH CAROLINA CANCER REGISTRY

1968 - 1972



1972



CANCER OF THE LUNG

Cancer of the lung is one of the most lethal of all neoplasms. The American Cancer Society estimates that during 1973 there will be 79,000 new cases and 72,000 deaths due to cancer of the lung in the United States (6). During 1972, 1,443 North Carolina residents died from this neoplasm (7). More than 50% of all patients diagnosed with lung cancer are inoperable when first seen. Of those operated upon, another 50% (25% of the original group) are unresectable. From the time of diagnosis the average overall survival is 6-9 months with only 20% of patients with this neoplasm surviving more than one year. About 5% of patients with cancer of the lung survive five years from diagnosis. (8) Cure is infrequent because bronchogenic carcinoma metastasizes early and because en bloc excision of regional lymph node spread is rarely feasible due to the proximity of vital nonresectable structures in the mediastinum in the pathway of spread of the neoplasm. The incidence of lung cancer, basically a disease of middle age men, is increasing each year. Recently the incidence has increased in women and in younger men. There is strong epidemiological evidence linking these increases with cigarette smoking. Early diagnosis with complete surgical excision of the lung provides the only chance for cure. Palliation provided by irradiation is disappointing although pain and other distressing symptoms are occasionally improved. Palliation provided by chemotherapy is even less effective than that provided by irradiation.

In the table below, a comparison is made between the North Carolina Cancer Registry data and the End Results data in the areas of stage of disease, sex and age, treatment and survival. Additional information concerning stage of disease and sex and age may be derived from the graphs on the opposite page. The graph concerning treatment is based on cases staged locally invasive or regional nodes only whereas data on treatment in the table is based on all cases.

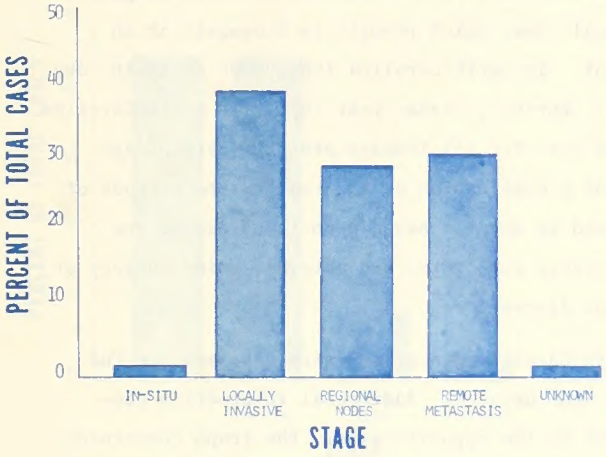
	North Carolina	End Results
1 - Total Cases	2,942	22,585
2 - Stage		
Localized	40%	19%
Regional	29%	30%
Distant	30%	51%
3 - Sex and Age		
Male	86%	85%
Age 65+	33%	41%
Female	14%	15%
Age 65+	34%	39%
4 - Treatment (all stages)		
Surgery Only	19%	19%
Radiation Only	38%	26%
Surgery and Radiation	6%	4%
Other	12%	22%
None	25%	29%
5 - Five-Year Relative Survival	10%	8%

In summary, the findings above suggest that the diagnosis of cancer of the lung is made at an earlier stage of the disease in North Carolina patients. Cancer directed therapy, particularly radiation, is more often used in North Carolina.

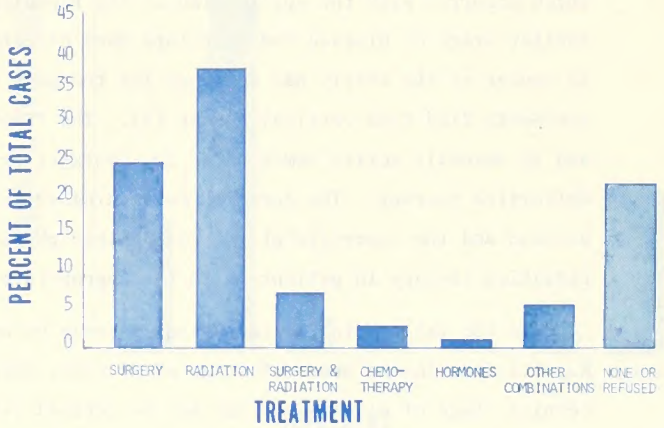
BRONCHUS – LUNG

1968 - 1972

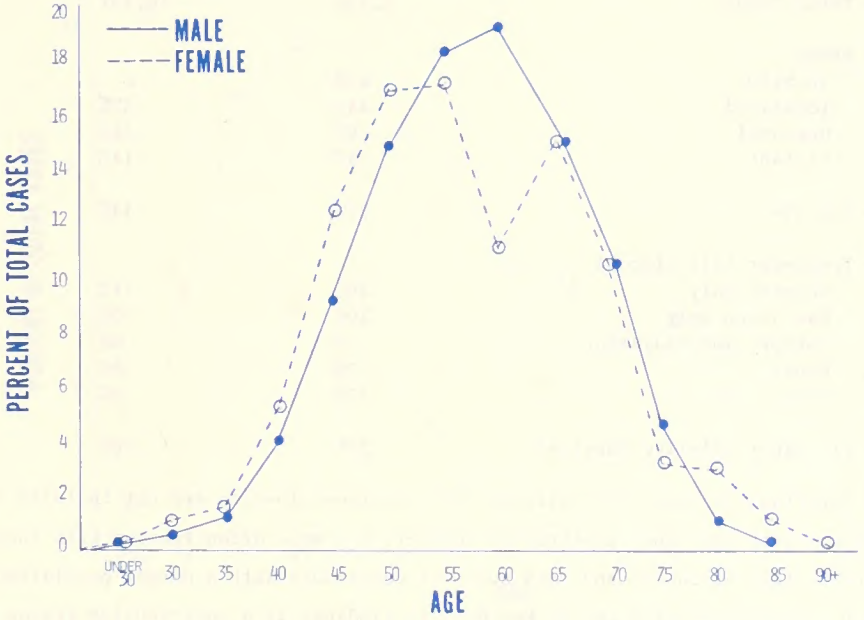
PERCENT DISTRIBUTION BY STAGE OF DISEASE*



PERCENTAGE OF CASES BY TYPE OF TREATMENT FOR CASES STAGED LOCALLY INVASIVE AND REGIONAL NODES**



PERCENT DISTRIBUTION BY AGE GROUPS*



SOURCE: *2,942 UNDUPLICATED CASES OF BRONCHUS-LUNG CANCER ACCESSED TO THE NORTH CAROLINA CANCER REGISTRY FROM THE 23 PARTICIPATING HOSPITALS.

**BASED ON 2,020 CASES.

CANCER OF THE CERVIX

Cancer of the cervix is the third most common cancer occurring in women. Within this group it represents approximately 15% of all occurring malignancies. (8) The American Cancer Society estimates there will be 46,000 new cases and 12,000 deaths from cancer of the uterus in the United States during 1973. They also estimate 1,200 new cases for North Carolina. (6) There are some interesting facts regarding the incidence of cancer of the cervix. Cervical cancer is $2\frac{1}{2}$ times as common as cancer of the corpus uteri. The incidence is lower in women of Jewish faith. There is evidence that circumcision of the male partner results in a lower incidence. The incidence is higher with early sexual experience and also in the lower social economic strata of the population. There is a positive association between cancer of the cervix and increased parity and the history of venereal disease. There is evidence that a virus, possibly herpes simplex virus, is associated with an increased incidence of carcinoma of the cervix. (8) The decline in the national death rate from cancer of the cervix reflects a breakthrough in early diagnosis which occurred with the application of the Papanicolaou cervical smear which results in diagnosis at an earlier stage of disease and therefore more effective treatment. In North Carolina the number of deaths due to cancer of the cervix has declined for the past three years. During calendar year 1972, 178 North Carolina residents died from cervical cancer (7). The "Pap" smear is a must for all females over 20 years of age and in sexually active women under 20. Surgery or radiation or a combination of the two are the methods of definitive therapy. The decision concerning which method should be used is based upon the stage of the disease and the expertise of the responsible physician. Comparable cure rates are obtained using surgery or radiation therapy in patients with the appropriate stage of the disease.

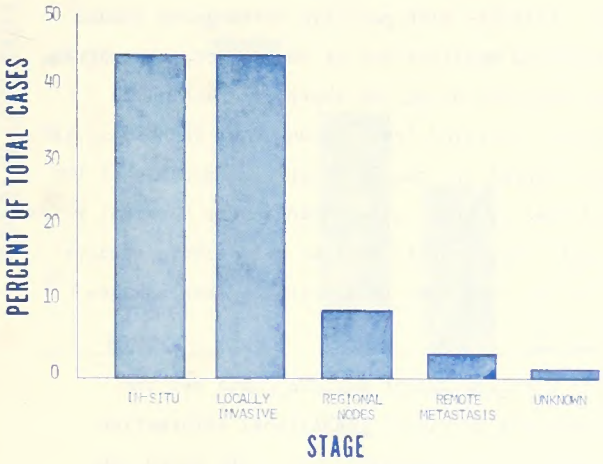
In the table below, a comparison is made between the North Carolina Cancer Registry data and the End Results data in the areas of stage of disease, age, treatment and survival. Additional information concerning stage of disease and age may be derived from the graphs on the opposite page. The graph concerning treatment is based on cases staged locally invasive or regional nodes only whereas data on treatment in the table is based on all cases.

	North Carolina	End Results
1 - Total Cases	2,594	10,557
2 - Stage		
In Situ	43%	-
Localized	44%	52%
Regional	9%	34%
Distant	4%	14%
3 - Age 55+	27%	44%
4 - Treatment (all stages)		
Surgery Only	49%	11%
Radiation Only	29%	70%
Surgery and Radiation	2%	6%
Other	3%	6%
None	17%	6%
5 - Five-Year Relative Survival	78%	60%

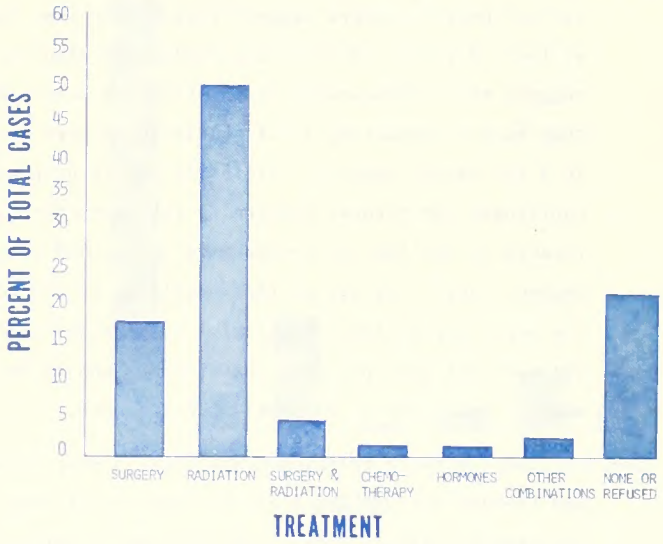
In summary, it is important to know that patients with carcinoma in-situ are not included in the End Results findings. Patients with carcinoma in-situ are younger, are more often treated with surgery than those with a more advanced stage of cancer and have survival comparable with a normal population. The absence of patients with carcinoma in-situ in the End Results findings is a contributing reason for differences in age, method of treatment, and relative survival.

CERVIX UTERI
1968 - 1972

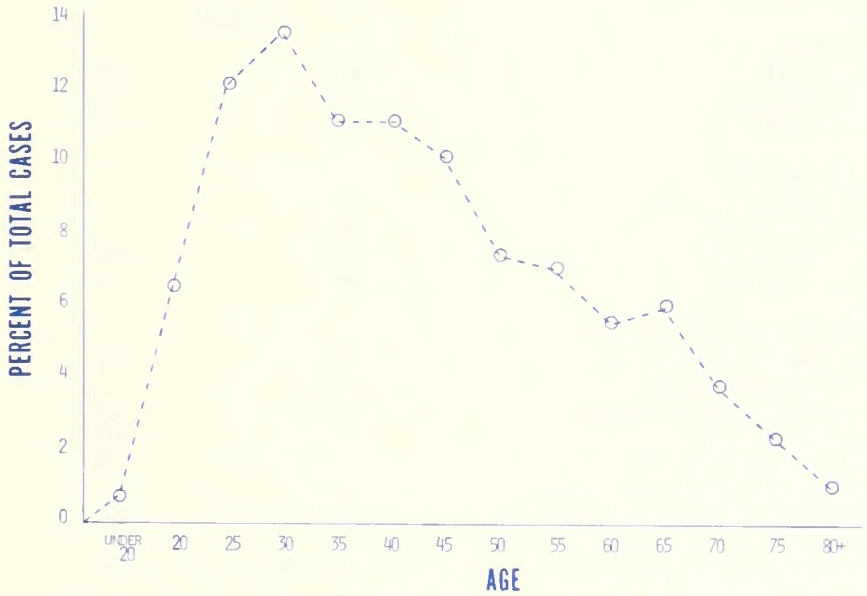
PERCENT DISTRIBUTION BY STAGE OF DISEASE*



PERCENTAGE OF CASES BY TYPE OF TREATMENT FOR CASES STAGED LOCALLY INVASIVE AND REGIONAL NODES**



PERCENT DISTRIBUTION BY AGE GROUPS*



SOURCE: *2,594 UNDUPLICATED CASES OF CERVIX UTERI CANCER ACCESSED TO THE NORTH CAROLINA CANCER REGISTRY FROM THE 23 PARTICIPATING HOSPITALS.

**BASED ON 1,359 CASES.

CANCER OF THE BREAST

The American Cancer Society estimates that during 1973 there will be in the United States 74,000 new cases of breast cancer and 33,000 deaths (6). During 1972, 648 North Carolina residents died of breast cancer (7). Seven out of every hundred women develop this neoplasm making it the most common cancer occurring in females. Breast cancer is also the leading cause of death due to cancer in women (6,7). Approximately 95% of patients discover the lesion themselves by breast self examination, at which time 60% have cancer which has spread to the axillary nodes. In spite of the vast experience which has been accumulated in the management of patients with cancer of the breast the overall 5 year survival rate has remained disappointingly low for the past 50 years. (8) The best explanation for this discouraging finding is that current methods of diagnosis detect the neoplasms at an advanced stage. Serial section studies of excised breast cancers suggest that by the time the neoplasm is palpable, it has already been present for at least 5 years. Prospective randomized clinical studies using the best equipment and well-trained personnel suggest that thermography is an effective screening technique. Patients with positive thermograms should then have a mammogram, or if available, a more precise sophisticated modification of the latter, a xerogram. In a few cancer centers, clinically occult neoplasms have been detected using the above approach. The continuing controversy concerning the most effective way to treat so-called "early" cancer of the breast is related to the lack of prospective randomized studies although several are now in progress. Because of the unpredictable behavior of this neoplasm, it has been suggested that 10 year rather than 5 year survival rates are necessary to reach meaningful conclusions concerning therapy. The results of some prospective studies suggest that multiple drug chemotherapy should be used early rather than late as a method in the management of recurring or residual breast cancer.

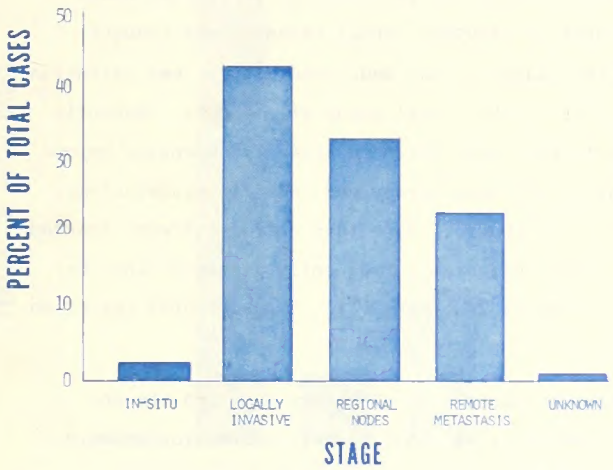
In the table below, a comparison is made between the North Carolina Cancer Registry data and the End Results data in the areas of stage of disease, age, treatment and survival. Additional information concerning stage of disease and age may be derived from the graphs on the opposite page. The graph concerning treatment is based on cases staged locally invasive or regional nodes only whereas data on treatment in the table is based on all cases.

	North Carolina	End Results
1 - Total Cases	2,234	25,698
2 - Stage		
Local	45%	45%
Regional	31%	42%
Distant	24%	13%
3 - Sex and Age		
Male	1%	-
Age 65+	50%	-
Female	99%	100%
Age 65+	29%	37%
4 - Treatment (all stages)		
Surgery Only	52%	57%
Radiation Only	6%	3%
Surgery and Radiation	13%	21%
Other	22%	14%
None	7%	5%
5 - Five-Year Relative Survival	56%	62%

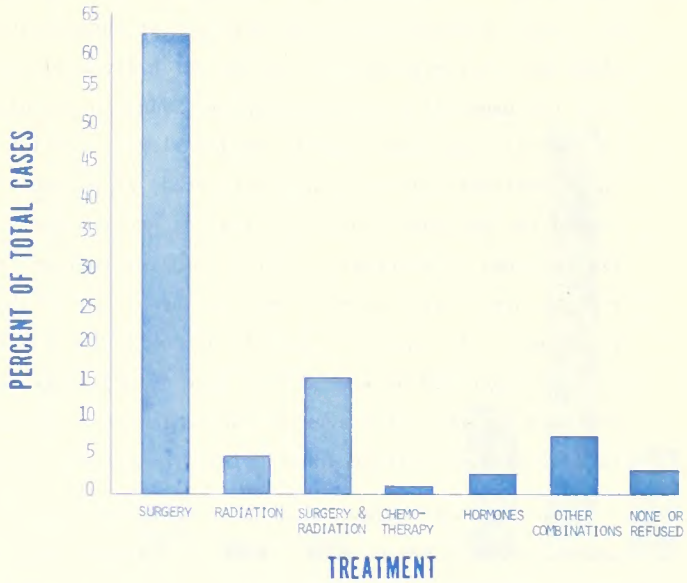
In summary, the findings suggest that a larger percentage of North Carolina patients with breast cancer had distant stage of disease. Consistent with the stage of cancer findings, the End Results data indicate that primary treatment was more often surgery alone or surgery and radiation. No information concerning cancer of the male breast was reported by the End Results registries.

BREAST
1968 - 1972

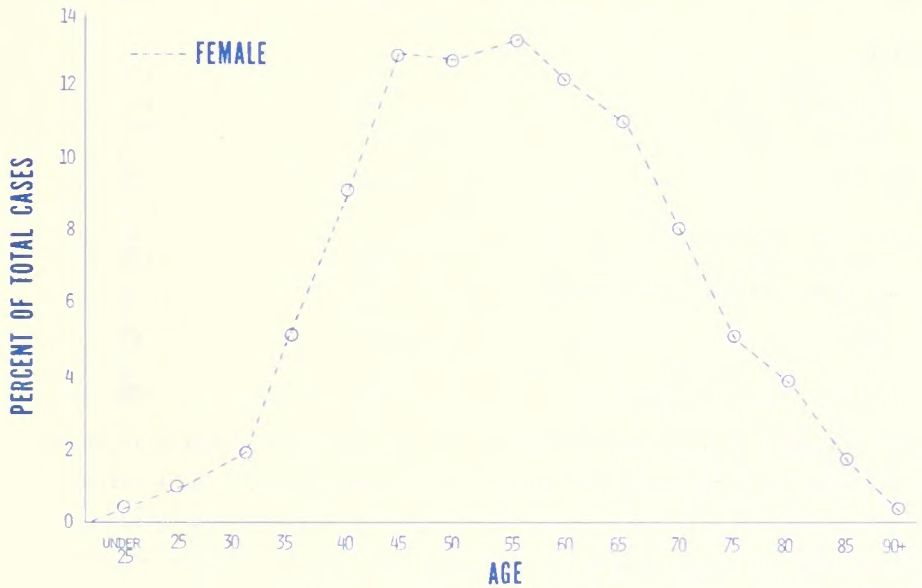
PERCENT DISTRIBUTION BY STAGE OF DISEASE*



PERCENTAGE OF CASES BY TYPE OF TREATMENT FOR CASES STAGED LOCALLY INVASIVE AND REGIONAL NODES**



PERCENT DISTRIBUTION BY AGE GROUPS***



SOURCE: *2,234 UNDUPLICATED CASES OF BREAST CANCER ACCESSED TO THE NORTH CAROLINA CANCER REGISTRY FROM THE 23 PARTICIPATING HOSPITALS.

**BASED ON 1,648 CASES.

***BASED ON 2,208 CASES OF FEMALE BREAST CANCER.

CANCER OF THE PROSTATE

Cancer of the prostate is the second most common internal malignancy in men. It occurs almost exclusively after 50 years of age with the median age being 70 years. (8) The American Cancer Society estimates that during 1973 there will be 38,000 new cases and 18,000 deaths from cancer of the prostate in the United States (6). During 1972, 418 North Carolina residents died of this neoplasm (7). Prostatic carcinoma follows cancer of the lung and cancer of rectum-colon as a cause of death by malignancy in men (6). Histologic examination of the prostate at autopsy in men over 50 years of age reveals that 14% to 46% of these men have prostatic carcinoma which frequently is asymptomatic (8). Lower urinary tract obstruction with the usual findings and symptoms leads to the diagnosis which is made on the basis of the rectal examination findings confirmed by needle biopsy. Definitive or curative treatment until recently was thought to be restricted to the small percentage of patients in whom the diagnosis was made before there was extension beyond the prostatic capsule. Radical prostatectomy is indicated in this small group of patients. Recently the findings from several clinical studies indicate the patients with more advanced lesions, extension beyond the capsule of the prostate, may be curable with the combination of radiotherapy and radical prostatectomy. Carcinoma of the prostate usually has a slowly progressing clinical course. More than 80% of patients treated with estrogen and/or orchiectomy have an objective remission. Bone metastases frequently disappear and the prostate shrinks. The average survival once metastases are present is 2-3 years (8). Transurethral resection is indicated to relieve lower urinary tract obstruction.

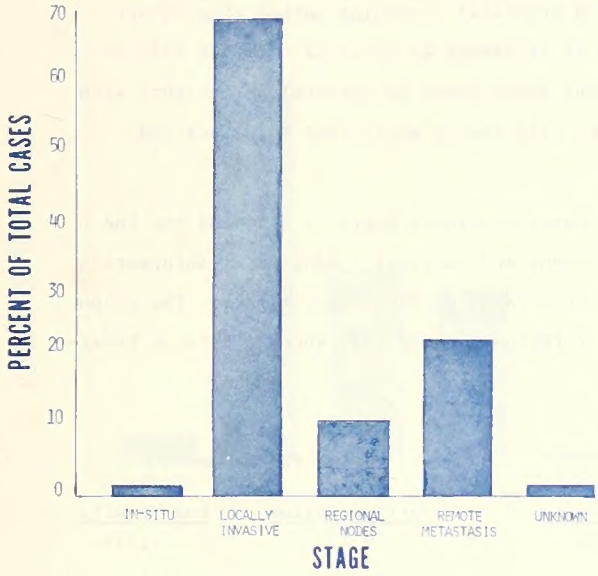
In the table below, a comparison is made between the North Carolina Cancer Registry data and the End Results data in the areas of stage of disease, age, treatment and survival. Additional information concerning stage of disease and age may be derived from the graphs on the opposite page. The graph concerning treatment is based on cases staged locally invasive or regional nodes only whereas data on treatment in the table is based on all cases.

	North Carolina	End Results
1 - Total Cases	1,864	13,790
2 - Stage		
Localized	70%	57%
Regional	9%	14%
Distant	20%	29%
3 - Age 65+	74%	80%
4 - Treatment (all stages)		
Surgery Only	28%	21%
Surgery/Chemotherapy/Hormones	57%	64%
Other	3%	7%
None	12%	8%
5 - Five-Year Relative Survival	57%	51%

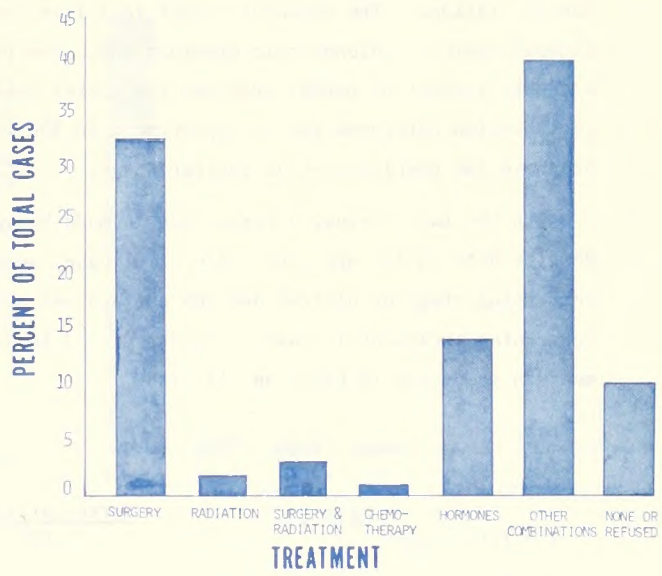
In summary, North Carolina patients with cancer of the prostate were reported as having earlier stage of cancer at diagnosis. Over two thirds of all patients were reported as having localized cancer at diagnosis which is not consistent with the clinical finding which indicates a more advanced disease at diagnosis. Surgery was more often the only method of treatment in North Carolina patients which is consistent with earlier stage of cancer.

PROSTATE
1968 - 1972

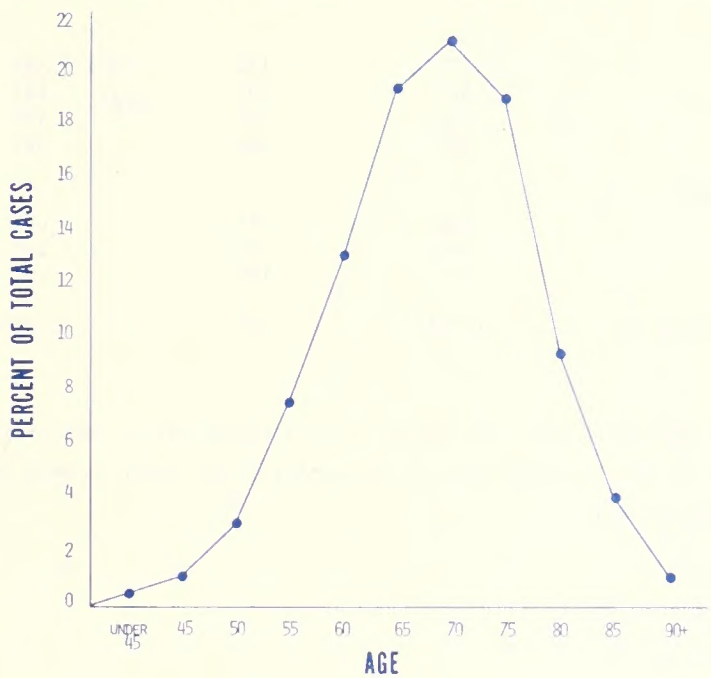
PERCENT DISTRIBUTION BY STAGE OF DISEASE*



PERCENTAGE OF CASES BY TYPE OF TREATMENT FOR CASES STAGED LOCALLY INVASIVE AND REGIONAL NODES**



PERCENT DISTRIBUTION BY AGE GROUPS*



SOURCE: *1,864 UNDUPLICATED CASES OF PROSTATE CANCER ACCESSED TO THE NORTH CAROLINA CANCER REGISTRY FROM THE 23 PARTICIPATING HOSPITALS.

**BASED ON 1,459.

CANCER OF THE RECTUM - COLON

The American Cancer Society estimates that during 1973 there will be 79,000 new cases of rectum-colon cancer in the United States and 47,000 people will die of this neoplasm (6). During 1972, 732 North Carolina residents died of rectum-colon cancer (7). There is a direct relationship between the incidence of rectum-colon cancer and the affluence and level of industrialization of the population. Since this neoplasm always begins in the mucosa, occult or gross blood in the stools is one of its earliest signs. It has been shown that the hemoccult stool test is a reliable screening method for detection of early asymptomatic lesions. The hemoccult stool test is a more reliable and practical screening method than either sigmoidscopic or colonoscopic examinations. The primary method of treatment is surgical excision with an adequate segment of normal proximal and distal colon. Significant improvement in survival of patients with rectum-colon carcinoma awaits improvement in the techniques which will enable physicians to detect and diagnose the neoplasms at an earlier stage.

In the table below, a comparison is made between the North Carolina Cancer Registry data and the End Results data in the areas of stage of disease, sex and age, treatment and survival. Additional information concerning stage of disease and sex and age may be derived from the graphs on the opposite page. The graph concerning treatment is based on cases staged locally invasive or regional nodes only whereas data on treatment in the table is based on all cases.

	Colon Cancer		Rectum Cancer	
	North Carolina	End Results	North Carolina	End Results
1 - Total Cases	1,078	19,461	651	11,515
2 - Stage				
Localized	52%	41%	54%	45%
Regional	26%	31%	23%	29%
Distant	22%	28%	23%	26%
3 - Sex and Age				
Male	47%	45%	54%	55%
Age 65+	52%	60%	44%	58%
Female	53%	55%	46%	45%
Age 65+	56%	59%	52%	57%
4 - Treatment (all stages)				
Surgery Only	74%	77%	62%	72%
Other	11%	6%	20%	7%
None	15%	17%	18%	21%
5 - Five-Year Relative Survival	(38%)*	46%	(38%)*	40%

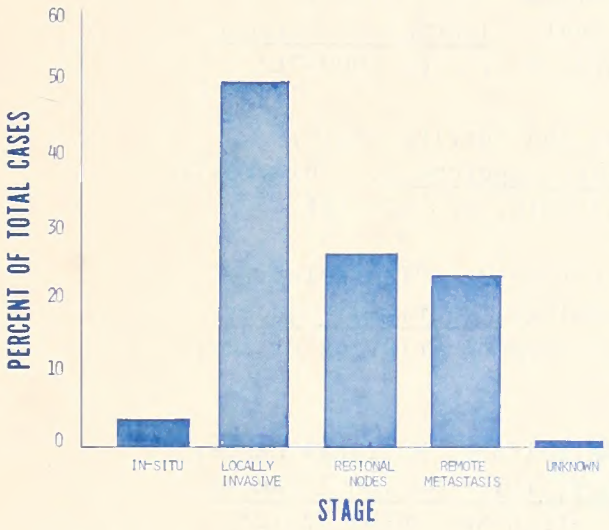
*Rectum-Colon

In summary, cancer of the rectum and colon appear to be diagnosed at an earlier stage in North Carolina than at the End Results hospitals. In both groups of hospitals colon cancer is more common in women and rectum cancer is more common in men.

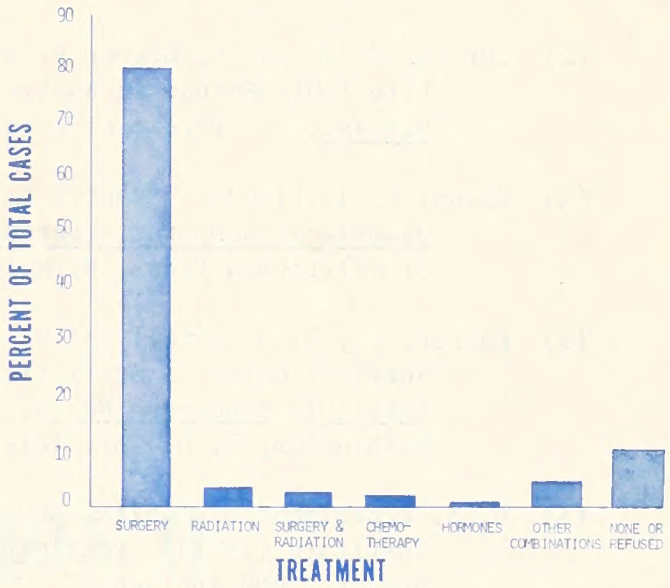
RECTUM – COLON

1968 - 1972

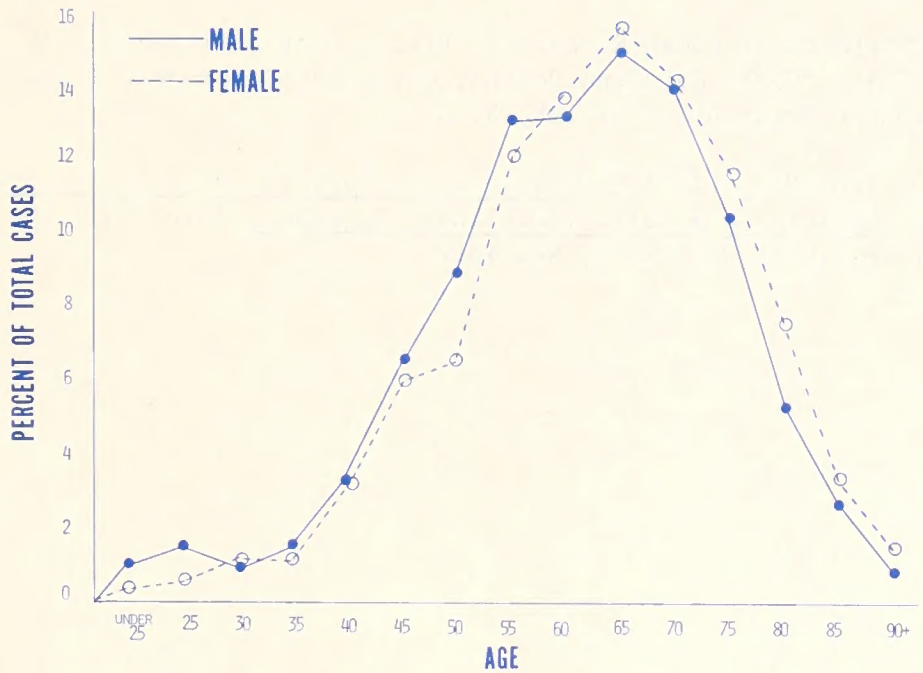
PERCENT DISTRIBUTION BY STAGE OF DISEASE*



PERCENTAGE OF CASES BY TYPE OF TREATMENT FOR CASES STAGED LOCALLY INVASIVE AND REGIONAL NODES**



PERCENT DISTRIBUTION BY AGE GROUPS*



SOURCE: *1,729 UNDUPLICATED CASES OF RECTUM-COLON CANCER ACCESSED TO THE NORTH CAROLINA CANCER REGISTRY FROM THE 23 PARTICIPATING HOSPITALS.

**BASED ON 1,300 CASES.

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(6) American Cancer Society (1972). 1973 Cancer Facts and Figures. New York, N. Y.

(7) N. C. Department of Human Resources, Division of Health Services (1973). "North Carolina Deaths, Cause-Age-Color-Sex, 1972," Computer Printout. Raleigh, N. C.

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SECTION II

TOTAL REGISTRY EXPERIENCE

1972 COMBINED HOSPITAL REPORT

The following report is a detailed summary of all the 1972 cancer cases accessed to the Central Registry from the 22 participating hospitals.

The 5,118 cases reported in 1972 represent an increase of 11.5% over the number of cases reported for 1971. This is an unduplicated number, meaning that a case seen in more than one of the reporting hospitals appears in the total only once. Consequently, the total of all the individual hospital reports will be larger than the combined hospital report.

The number of cases is indicated by primary site, race and sex, mean age, the number and percentage of cases in which diagnosis was microscopically confirmed, stage, course of treatment, and condition on discharge.

Hospital staff members wishing to compare in detail any portion of their individual hospital report with this report are encouraged to request appropriate data from the Central Registry. Requests should be channeled through the hospital's liaison physician or cancer registrar.

CASES ACCESSED TO NORTH CAROLINA CANCER REGISTRY

TOTAL REGISTRY HOSPITALS, 1972

PRIMARY SITE	TOTAL	RACE AND SEX					MEAN AGE	HISTOLOGICAL DIAGNOSES	
		WM	NWM	WF	NWF	UNK		NUMBER	PERCENT
TOTAL, ALL SITES	5118	1945	589	1993	557	34	57.0	4639	90.6
BUCCAL CAVITY AND PHARYNX	232	122	37	59	13	1	58.8	224	96.6
140 LIP	31	27	1	3	0	0	56.5	31	100.0
141 TONGUE	38	22	9	6	1	0	58.2	36	94.7
142 SALIVARY GLAND	19	6	3	8	2	0	60.9	19	100.0
143-149 OTHER BUCCAL	144	67	24	42	10	1	59.1	138	95.8
DIGESTIVE ORGANS AND PERITONEUM	862	333	132	302	88	7	63.3	758	87.9
150 ESOPHAGUS	84	32	34	11	7	0	59.3	75	89.3
151 STOMACH	98	42	25	21	10	0	64.3	88	89.8
152 SMALL INTESTINE, INCLUDING DUODENUM	16	6	3	3	4	0	57.9	13	81.3
153 LARGE INTESTINE, EXCEPT RECTUM	332	121	29	153	28	1	64.6	302	91.0
154 RECTUM & RECTOSIGMOID JUNCTION	163	60	17	65	19	2	65.0	146	89.6
155 LIVER & INTRAHEPATIC BILE DUCTS	21	8	6	4	3	0	59.0	16	76.2
156 GALLBLADDER AND BILE DUCTS	19	6	2	9	1	1	61.2	16	84.2
157 PANCREAS	117	56	15	29	14	3	61.2	90	76.9
158,159 OTHER DIGESTIVE	12	2	1	7	2	0	65.5	12	100.0
RESPIRATORY SYSTEM	829	541	161	104	19	4	60.2	669	80.7
161 LARYNX	113	81	25	5	2	0	59.8	108	95.6
162 TRACHEA, BRONCHUS, & LUNG	689	448	131	90	16	4	60.4	537	77.9
160,163 OTHER RESPIRATORY	27	12	5	9	1	0	58.5	24	88.9
BONE, CONNECTIVE TISSUE, SKIN, & BREAST	772	92	12	548	116	4	55.3	748	96.9
170 BONE	18	9	4	4	0	1	29.8	18	100.0
171 CONNECTIVE & OTHER SOFT TISSUE	41	18	5	13	5	0	49.0	39	95.1
172 MELANOMA OF SKIN	115	59	2	51	3	0	50.2	111	96.5
174 BREAST	598	6	1	480	108	3	57.4	580	97.0
FEMALE GENITAL ORGANS	885	0	0	636	243	6	46.6	861	97.3
180 CERVIX UTERI	643	0	0	426	215	2	42.3	624	97.0
182.0 CORPUS UTERI	113	0	0	99	11	3	58.9	111	98.2
183 OVARY, FALLOPIAN TUBE, BROAD LIGAMENT	83	0	0	73	10	0	55.3	80	96.4
181,182.9,184 OTHER FEMALE GENITAL	46	0	0	38	7	1	60.4	46	100.0
MALE GENITAL ORGANS	431	275	151	0	0	5	67.7	386	89.6
185 PROSTATE	399	249	145	0	0	5	69.8	354	88.7
186,187 OTHER MALE GENITAL	32	26	6	0	0	0	41.8	32	100.0
URINARY ORGANS	253	154	21	51	24	3	60.5	239	94.5
188 BLADDER	156	98	15	28	13	2	63.5	150	96.2
189.0 KIDNEY, EXCEPT PELVIS	63	34	6	13	10	0	50.5	56	88.9
189.1,189.2,189.9 OTHER URINARY	34	22	0	10	1	1	65.3	33	97.1
OTHER AND UNSPECIFIED SITES	422	207	40	144	29	2	53.0	370	87.7
190 EYE	18	10	0	7	1	0	45.8	18	100.0
191,192 BRAIN & NERVOUS SYSTEM	154	76	12	54	11	1	47.5	134	87.0
193 THYROID GLAND	31	8	2	21	0	0	42.6	30	96.8
194 OTHER ENDOCRINE GLANDS	15	7	1	6	1	0	39.4	14	93.3
195,199 ILL-DEFINED & UNSPECIFIED SITES	204	106	25	56	16	1	60.2	174	85.3
LYMPHATIC AND HEMATOPOIETIC TISSUE	432	221	35	149	25	2	53.1	384	88.9
201 HODGKINS DISEASE	57	43	2	12	0	0	38.2	54	94.7
203 MULTIPLE MYELOMA	56	17	10	22	7	0	65.2	46	82.1
204-207 LEUKEMIAS	169	79	13	64	12	1	50.7	148	87.6
200,202,208,209 OTHER LYMPHATIC	150	82	10	51	6	1	56.8	136	90.7

TOTAL REGISTRY HOSPITALS, 1972

STAGE OF DISEASE						TREATMENT							CONDITION ON DISCHARGE		
IN SITU	LOC INV	REG NODES	REM MET	DIFF DIS	UNK	SUR-GERY	RAD	CHEMO	HORM	S&R	OTH COMB	NONE	ALIVE NO EVID	ALIVE NOT FREE	DEAD
422	2035	1017	1180	375	32	2033	827	264	149	364	669	812	1907	2763	448
6	108	79	39	0	0	99	75	3	1	26	1	27	107	117	8
0	24	5	2	0	0	25	0	0	0	6	0	0	26	5	0
2	18	12	6	0	0	16	14	1	0	1	0	6	15	23	0
0	8	8	3	0	0	18	0	0	0	0	0	1	12	6	1
4	58	54	28	0	0	40	61	2	1	19	1	20	54	83	7
17	340	256	246	0	3	446	66	46	4	12	47	241	284	449	129
0	42	19	23	0	0	14	39	0	1	9	3	18	14	50	20
1	17	44	36	0	0	44	8	4	1	1	4	36	19	66	13
0	9	5	2	0	0	9	0	0	1	0	0	6	5	5	6
8	148	92	82	0	2	239	2	21	0	0	27	43	160	142	30
7	76	38	41	0	1	108	10	4	0	2	6	33	68	77	18
0	6	4	11	0	0	2	0	3	0	0	1	15	1	12	8
1	9	6	3	0	0	11	0	0	0	0	1	7	7	6	6
0	29	46	42	0	0	14	4	12	1	0	4	82	7	84	26
0	4	2	6	0	0	5	3	2	0	0	1	1	3	7	2
8	306	228	283	0	4	176	320	31	7	64	48	183	154	572	103
6	86	18	3	0	0	50	30	0	0	14	0	19	53	56	4
2	205	205	273	0	4	118	281	31	7	46	47	159	94	498	97
0	15	5	7	0	0	8	9	0	0	4	1	5	7	18	2
13	350	203	206	0	0	402	43	34	42	108	102	41	427	324	21
0	9	6	3	0	0	5	4	4	0	1	2	2	6	12	0
0	19	10	12	0	0	17	5	2	0	4	7	6	16	22	3
5	63	16	31	0	0	78	6	12	0	0	8	11	72	37	6
8	259	171	160	0	0	302	28	16	42	103	85	22	333	253	12
369	291	135	90	0	0	458	229	31	3	48	52	64	565	305	15
356	165	99	23	0	0	381	184	6	0	15	15	42	449	189	5
6	81	11	15	0	0	31	23	2	2	29	21	5	67	44	2
1	20	14	48	0	0	21	7	23	1	3	15	13	21	55	7
6	25	11	4	0	0	25	15	0	0	1	1	4	28	17	1
5	282	52	92	0	0	125	5	3	60	16	168	54	142	257	32
5	256	49	89	0	0	109	4	3	60	8	163	52	125	242	32
0	26	3	3	0	0	16	1	0	0	8	5	2	17	15	0
3	164	39	47	0	0	176	11	4	4	19	20	19	135	104	14
2	114	23	17	0	0	121	7	2	0	10	4	12	88	57	11
0	25	14	24	0	0	29	2	1	4	8	14	5	25	36	2
1	25	2	6	0	0	26	2	1	0	1	2	2	22	11	1
1	194	25	177	0	25	123	40	36	6	46	61	110	76	280	66
1	12	1	4	0	0	11	1	2	0	0	2	2	10	8	0
0	133	5	15	0	1	53	7	6	2	34	27	25	28	106	20
0	24	5	2	0	0	23	0	1	0	1	5	1	24	6	1
0	12	1	2	0	0	5	3	0	0	3	4	0	9	5	1
0	13	13	154	0	24	31	29	27	4	8	23	82	5	155	44
0	0	0	0	375	0	28	38	76	22	25	170	73	17	355	60
			*SEE BELOW			6	10	5	0	12	19	5	6	47	4
0	0	0	0	56	0	0	6	5	5	0	32	8	0	50	6
0	0	0	0	169	0	2	1	53	15	0	61	37	0	133	36
0	0	0	0	150	0	20	21	13	2	13	58	23	11	125	14

*THE TOTAL STAGE OF DISEASE BREAKDOWN DOES NOT INCLUDE CASES OF HODGKIN'S DISEASE, WHICH ARE STAGED ACCORDING TO CLINICAL CLASSIFICATION.

STAGE	NUMBER	STAGE	NUMBER
1	6	6	7
2	3	7	3
3	7	8	13
4	5	UNK	8
5	5		

1968-1972 COMBINED HOSPITAL REPORT

The following report represents in detail a summary of all the cases accessed to the Central Cancer Registry from its beginning in 1968 up to and including 1972.

The number of cases is indicated by primary site, race and sex, mean age, the number and percentage of cases in which diagnosis was microscopically confirmed, stage, course of treatment, and condition on discharge.

Hospital staff members interested in any details of the total cancer cases on file with the Central Registry to, for instance, compare to national statistics or to local hospital cumulative totals are urged to make requests to the Central Registry through the participating hospital's liaison physician or cancer registrar.

CASES ACCESSED TO NORTH CAROLINA CANCER REGISTRY

TOTAL REGISTRY HOSPITALS, 1968 - 1972

PRIMARY SITE	TOTAL	RACE AND SEX					MEAN AGE	HISTOLOGICAL DIAGNOSES	
		WM	NWM	WF	NWF	UNK		NUMBER	PERCENT
TOTAL, ALL SITES	22346	8834	2578	8312	2532	90	56.9	19826	88.7
BUCCAL CAVITY AND PHARYNX	1155	637	163	299	54	2	59.7	1117	96.7
140 LIP	111	96	2	10	3	0	58.4	108	97.3
141 TONGUE	195	105	32	49	9	0	59.5	186	95.4
142 SALIVARY GLAND	107	39	14	41	13	0	56.6	106	99.1
143-149 OTHER BUCCAL	742	397	115	199	29	2	60.3	717	96.6
DIGESTIVE ORGANS AND PERITONEUM	3549	1405	546	1204	380	14	63.0	3074	86.6
150 ESOPHAGUS	359	151	114	62	32	0	59.9	317	88.3
151 STOMACH	432	182	118	87	44	1	63.8	375	86.8
152 SMALL INTESTINE, INCLUDING DUODENUM	63	29	5	22	7	0	60.0	56	88.9
153 LARGE INTESTINE, EXCEPT RECTUM	1297	474	122	555	144	2	64.5	1160	89.4
154 RECTUM & RECTOSIGMOID JUNCTION	651	277	71	238	60	5	62.8	598	91.9
155 LIVER & INTRAHEPATIC BILE DUCTS	101	42	24	23	12	0	57.1	79	78.2
156 GALLBLADDER AND BILE DUCTS	103	31	8	51	12	1	63.3	93	90.3
157 PANCREAS	491	201	79	146	61	4	63.1	348	70.9
158,159 OTHER DIGESTIVE	52	18	5	20	8	1	57.5	48	92.3
RESPIRATORY SYSTEM	3548	2436	628	387	87	10	59.6	2836	79.9
161 LARYNX	445	338	75	26	4	2	59.6	429	96.4
162 TRACHEA, BRONCHUS, & LUNG	2958	2022	521	334	73	8	59.7	2278	77.0
160,163 OTHER RESPIRATORY	145	76	32	27	10	0	56.0	129	89.0
BONE, CONNECTIVE TISSUE, SKIN, & BREAST	3033	410	57	2119	435	12	54.4	2811	92.7
170 BONE	154	75	26	36	16	1	37.0	141	91.6
171 CONNECTIVE & OTHER SOFT TISSUE	195	89	20	67	19	0	48.9	191	97.9
172 MELANOMA OF SKIN	450	225	6	211	7	1	50.5	426	94.7
174 BREAST	2234	21	5	1805	393	10	56.9	2053	91.9
FEMALE GENITAL ORGANS	3758	0	0	2571	1173	14	48.6	3605	95.9
180 CERVIX UTERI	2594	0	0	1587	998	9	44.5	2495	96.2
182.0 CORPUS UTERI	541	0	0	459	79	3	59.8	523	96.7
183 OVARY, FALLOPIAN TUBE, BROAD LIGAMENT	395	0	0	343	52	0	53.9	364	92.2
181,182.9,184 OTHER FEMALE GENITAL	228	0	0	182	44	2	58.5	223	97.8
MALE GENITAL ORGANS	2037	1351	673	0	0	13	67.6	1776	87.2
185 PROSTATE	1864	1211	642	0	0	11	70.2	1607	86.2
186,187 OTHER MALE GENITAL	173	140	31	0	0	2	39.4	169	97.7
URINARY ORGANS	1112	678	90	255	83	6	61.4	991	89.1
188 BLADDER	658	426	52	137	41	2	64.7	611	92.9
189.0 KIDNEY, EXCEPT PELVIS	323	173	29	85	35	1	54.2	258	79.9
189.1,189.2,189.9 OTHER URINARY	131	79	9	33	7	3	62.4	122	93.1
OTHER AND UNSPECIFIED SITES	2082	930	211	755	177	9	51.0	1817	87.3
190 EYE	85	40	5	36	4	0	41.7	81	95.3
191,192 BRAIN & NERVOUS SYSTEM	771	370	62	289	47	3	43.9	677	87.8
193 THYROID GLAND	176	42	7	105	22	0	44.4	169	96.0
194 OTHER ENDOCRINE GLANDS	93	42	11	29	10	1	42.3	80	86.0
195,199 ILL-DEFINED & UNSPECIFIED SITES	957	436	126	296	94	5	59.6	810	84.6
LYMPHATIC AND HEMATOPOIETIC TISSUE	2072	987	210	722	143	10	52.0	1799	86.8
201 HODGKINS DISEASE	364	186	40	113	24	1	41.5	336	92.3
203 MULTIPLE MYELOMA	279	104	58	78	38	1	63.8	227	81.4
204-207 LEUKEMIAS	734	365	69	254	41	5	49.8	618	84.2
200,202,208,209 OTHER LYMPHATIC	695	332	43	277	40	3	55.2	618	88.9

TOTAL REGISTRY HOSPITALS, 1968 - 1972

STAGE OF DISEASE						TREATMENT							CONDITION ON DISCHARGE		
IN SITU	LOC INV	REG NODES	REM MET	DIFF DIS	UNK	SURGERY	RAD	CHEMO	HORM	S&R	OTH COMB	NONE	ALIVE NO EVID	ALIVE NOT FREE	DEAD
1346	10418	3787	4494	1708	229	8307	3562	1302	559	1475	2875	4266	7552	12645	2149
19	728	306	94	0	8	494	336	10	1	117	31	166	533	568	54
6	85	14	4	0	2	94	2	0	0	7	2	6	89	20	2
4	124	54	12	0	1	75	56	2	0	17	7	38	84	100	11
0	66	26	14	0	1	79	6	2	0	13	1	6	66	39	2
9	453	212	64	0	41	246	272	6	1	80	21	116	294	409	39
51	1597	915	965	0	21	1718	277	197	12	84	187	1074	1122	1841	586
2	216	78	62	0	1	52	150	1	2	41	13	100	53	235	71
4	127	171	128	0	2	185	27	27	2	6	16	169	88	269	75
0	34	15	14	0	0	37	2	1	1	3	2	17	19	29	15
24	622	330	313	0	8	912	11	66	1	9	88	210	604	553	140
19	332	148	150	0	2	405	45	28	1	19	35	118	311	273	67
0	46	12	41	0	2	7	1	13	0	0	4	76	3	54	44
1	50	26	26	0	0	47	4	7	0	1	4	40	23	48	32
1	149	127	210	0	4	58	26	46	4	1	22	334	13	345	133
0	21	8	21	0	2	15	11	8	1	4	3	101	8	35	9
31	1596	961	920	0	40	737	1293	129	17	270	237	865	685	2382	481
23	326	83	13	0	0	145	137	2	0	74	7	80	215	217	13
7	1178	856	882	0	35	552	1118	123	17	181	211	756	438	2068	452
1	92	22	25	0	5	40	38	4	0	15	19	29	32	97	16
54	1441	802	730	0	6	1630	195	134	119	329	373	253	1641	1280	112
0	110	16	28	0	0	58	25	9	1	15	18	28	60	86	8
0	130	25	39	0	1	112	17	9	1	15	21	20	100	89	6
14	242	72	121	0	1	308	10	37	1	2	39	53	266	169	15
40	959	689	542	0	4	1152	143	79	116	297	295	152	1215	936	83
1156	1851	351	377	0	23	1649	988	117	10	208	205	581	1875	1795	88
1117	1131	228	107	0	11	1278	752	18	2	65	47	432	1381	1174	39
16	431	38	53	0	3	166	148	5	6	100	50	66	271	258	12
2	141	52	192	0	8	97	35	87	1	37	89	49	108	259	28
21	148	33	25	0	1	108	53	7	1	6	19	34	115	104	9
15	1397	197	412	0	16	596	42	25	288	67	775	244	624	1263	150
13	1286	173	376	0	16	522	27	17	288	29	753	228	534	1185	145
2	111	24	36	0	0	74	15	8	0	38	22	16	90	78	5
15	789	115	188	0	5	680	68	8	10	113	94	139	549	489	74
13	527	70	48	0	0	445	44	2	1	72	30	64	342	278	38
1	171	28	118	0	5	147	16	5	9	35	52	59	128	167	28
1	91	17	22	0	0	88	8	1	0	6	12	16	79	44	8
5	1019	140	808	0	110	697	189	155	34	204	283	520	429	1322	331
2	68	3	10	0	2	55	3	4	0	9	7	7	52	33	0
2	703	12	45	0	9	351	52	13	7	133	105	110	189	461	121
1	113	44	17	0	1	118	3	1	3	8	31	12	117	55	4
0	78	2	13	0	0	25	13	3	5	6	32	9	43	44	6
0	57	79	723	0	98	148	118	134	19	48	108	382	28	729	200
0	0	0	0	1708	0	106	174	527	68	83	690	424	94	1705	273
			*SEE BELOW			32	47	61	3	38	125	58	27	309	28
0	0	0	0	279	0	6	22	67	13	6	123	42	9	229	41
0	0	0	0	734	0	4	8	274	39	0	225	184	5	589	140
0	0	0	0	695	0	64	97	125	13	39	217	140	53	578	64

*THE TOTAL STAGE OF DISEASE BREAKDOWN DOES NOT INCLUDE CASES OF HODGKIN'S DISEASE, WHICH ARE STAGED ACCORDING TO CLINICAL CLASSIFICATION.

STAGE	NUMBER	STAGE	NUMBER
1	24	6	38
2	8	7	11
3	32	8	61
4	11	UNK	153
5	26		